Date November 5, 2010

Under the Paperwork Reduct	ion Act of 199	no persons are requ	uired to res	pond to a collection	of informatic	n unless it disp	ays a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27				Application Numb	per 10/5	10/572,588 Conf. No.: 2926		
				Filing Date		March 20, 2006		
				First Named Inve	ntor Yuz	Yuzuru ISHIBASHI		
				Examiner Name	D. C	D. C. Mellon		
				Art Unit	179	7		
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00			Attomey Docket I	No. 015	2-0727PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number; 02-2448 Deposit Account Name;								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WaRNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and subtractation on PTO-2338.								
FEE CALCULATION								
1. BASIC FILING, SEA	DCH AND	EVAMINATION	EEEe					
I. DAGIC FILING, SEA	FILING			CH FEES	EXAMINA	ATION FEES	•	
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity		Small Entity	Fees Paid (\$)	
Utility	330	Fee (\$) 165	540	Fee (\$)	220	Fee (\$)	rees raid (\$)	
•	220			270		110		
Design		110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)						Fee (\$) 52	Small Entity Fee (\$) 26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims							Dependent Claims	
HP = highest number of tota	0	XX	=	.00		Fee (\$)	Fee Paid (\$)	
Indep. Claims 4 - 3 or HP =	Extra Clair			Paid (\$) .00				
HP = highest number of inde		s paid for, if greater th	an 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = 0 / 50 = 0 (round up to whole number) x = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
							1,110.00	
SUBMITTED BY								
ignature Registration No. 43368 Telephone 703-205-8000							one 703-205-8000	

This collicition of Information is required by 37 CFR 1.138. The Information is required to obtain or retain a benefit by the public which is to figure for by the USFTO to process an application. Confidendially is governed by \$3 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 million to complete, including gathering, preparing, and submitting the completed application from to the USFTO. Time will vary depending upon the Individual case. Any comments on the amount of them you require to complete his form and/ord very suggestions for motioning this burden, should be sent to the Chief Information Officer. U.S. Patent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, D NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND ITO: Commissionom for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Paul C. Lewis